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APPLICANTS

Takemasa Ishikuro, Tokyo, JAPAN;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

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35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <u>DETS</u> Initials				

ADDRESS

23995
RABIN & Berdo, PC
1101 14TH STREET, NW
SUITE 500
WASHINGTON , DC
20005

TITLE

Paper cassette and paper feeding apparatus

FILING FEE RECEIVED 1204	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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